CUTA · ACTU

MANAGING SERVICES FOR
THE DISABLED - CURRENT
OPERATOR EXPERIENCE

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I - INTRODUCTION

Purpose of the Survey

In 1981 the CUTA Board of Directors in response the International Year of Disabled Persons, authorized the collection of data concerning the urban transportation of disabled persons. This project initiated by the Committee for the Transportation for the Disabled was in response to the growing demand for information pertaining to handicapped transportation and the lack of a coordinated effort to collect and disseminate this information on a national basis.

A questionnaire was designed and distributed to all operators of public services for the disabled in Canada regardless of whether or not the regular transit operator was a member of the Association. Parallel services for the disabled which were not available to the general public were excluded. The main purpose of the questionnaire was to establish a comprehensive information base concerning parallel services for the disabled similar to the information base that currently exists for regular transit services. It was anticipated that such an information base would assist the Association, transit operators and funding agencies in making policy and operational decisions with respect to transportation for the disabled.

The questionnaire used to collect the data contained in this report is shown in Appendix 1. Members of the Association are encouraged to take advantage of the information available as a result of this survey. The distribution of this questionnaire will be continued in the future as an Annual Return. However, in subsequent years, the orientation of the questionnaire will be changed and operating statistics will be sought as opposed to details regarding administrative arrangements, eligibility criteria, definitions, etc.

The compilation of this report is a membership service of the Canadian Urban Transit Association. All questions concerning the information contained in this report should be directed to Charles Wheeler, Analyst/Statistician.

Response Rate

As shown in Figure 1, a total of 89 questionnaire were sent out to various operators of services for the disabled in Canada. As of May 31, 1982, a total of 50 questionnaires had been returned representing a response rate of approximately 56%. Virtually all of the largest systems responded including Vancouver, Calgary, Edmonton, Winnipeg, Toronto, Hamilton, Ottawa, Montreal and Quebec City. The respondents ranged in size from the town of Melville, Saskatchewan with ridership of 2,365 and a total fleet of one vehicle to the Greater Vancouver area with over 288,000 passengers in 1981 and a total fleet of 63 vehicles.

Most of the information presented in the following tables will be organized by population groups. Group "A" (6 respondents) includes those systems operating in Communities of over 500,000 population, Group "B" (5 respondents) is for communities with 250-500,000 population and Group "C" (10 respondents) includes all communities with 100-250,000 population. Group D, with a total of 12 respondents includes all those communities with 50-100,000 residents and Group "E" (17 respondents) is for communities with less than 50,000 people.

FIGURE 1

OVERALL RESPONSE

PROVINCE	NUMBER OF QUESTIONNAIRES DISTRIBUTED	NUMBER OF QUESTIONNAIRES RECEIVED
ALBERTA	10	6
BRITISH COLUMBIA	6	6
MANITOBA	2	2
NEW BRUNSWICK	1	1
NEWFOUNDLAND	1	1
NOVA SCOTIA	4	2
PRINCE EDWARD ISLAND	1	0
ONTARIO	43	21
QUEBEC	5	4
SASKATCHEWAN	16	7
TOTAL	89	50
OVERALL RESPONSE RATE		56.18%

Due to the small number of respondents in Groups "A" and "B" all averages or derivatives calculated for these two groups should be viewed with caution.

II - LENGTH OF OPERATION

Not surprizingly, the majority of parallel services for the disabled in Canada have been in operation less than 3 years including 11 operators which began operation in 1980 and 6 operators which began operating in 1981, the International Year of Disabled Persons. As shown in Figure 2, only 9 of 50 operators who responded to the questionnaire had been in operation prior to 1975. In 1974, services for the disabled were initiated in Moose Jaw, Ottawa, Edmonton, Medicine Hat, Vernon and St.John's, while Sudbury's handicapped service has been in operation since 1973. Calgary and Kitchener-Waterloo have the distinction of operating the oldest parallel services for the disabled in Canada having been in operation since 1972.

III - ORGANIZATIONAL ARRANGEMENTS

Administrative Structure

Due to the wide variety of contractual arrangements, operators, organizations and funding sources for disabled services in Canada, an assortment of administrative structures has emerged. As a result of the fact that the operating environment varies from municipality to municipality and from province to province there appears to be no clear preference in Canada in terms of administrative responsibility for disabled services. As shown in Figure 3, 22 of 50 operators were under the jurisdiction of a Municipal Council including 11 of 17 respondents in Group "E", 15 respondents were administered by a Transit Commission and 13 respondents had other types of administrative arrangements.

The latter group includes two systems which were administered by associations, six which were administered by a community group or volunteer agency, and three systems were involved in a joint agreement with the funding agency, a private association, and the operator. A further two systems were administered by boards which were not under the direct jurisdiction of a Municipal Council or Transit Commission.

From a provincial standpoint it is interesting to note that 12 of 21 systems in Ontario are administered by Municipal Councils. In contrast, all four systems in Quebec are administered by Transit Commissions.

Type of Operator

As shown in Figure 4, services for the disabled are operated by a wide variety of agencies although the majority of services are contracted out to private companies. Communities with over 100,000 population seem to prefer contracted operations with private companies specializing in this form of transportation while smaller municipalities have a preference for the more direct type of supervision which is accorded by a Municipal Council or Transit Commission operating the system.

FIGURE 2

LENGTH OF OPERATION

IN OPERATION SINCE	NUMBER OF SYSTEMS
1981	6
1980	11
1979	5
1978	3
1977	8
1976	2
1975	6
1974	6
1973	1
1972	2
TOTAL	50

FIGURE 3

ADMINISTRATION STRUCTURE

POPULATION GROUP	MUNICIPAL COUNCIL	TRANSIT COMMISSION	OTHER	TOTAL
GROUP "A"	3	2	1	6
GROUP "B"	1	4	0	5
GROUP "C"	3	3	4	10
GROUP "D"	4	3	5	12
GROUP "E"	11	3	3	17
TOTAL	22	15	13	50
PERCENTAGE	44%	30%	26%	100%

FIGURE 4

OPERATOR OF SERVICE

POPULATION GROUP	MUNICIPAL DEPARTMENT	TRANSIT COMMISSION	PRIVATE CONTRACTOR	SERVICE CLUB	OTHER	TOTAL
GROUP "A"	1	1	3	0	1	6
GROUP "B"	0	1	4	0	0	5
GROUP "C"	1	1	4	1	3	10
GROUP "D"	4	2	1	2	3	12
GROUP "E"	5	2	4	3	3	17
TOTAL	11	7	16	6	10	50
PERCENTAGE	22%	14%	32%	12%	20%	100%

The predominence of "Other" types of operating arrangements includes services which are operated by provincial agencies for Crippled Children, St. John's Ambulance, Handi-Bus Associations and various types of Community Societies.

Advisory Board

As shown in Figure 5, while over 80% of the respondents found it useful to establish an Advisory Board to aid in setting guidelines for the operator and the users of the system, a total of 10 respondents did not have an Advisory Board including 5 of 12 respondents in Group "D". In all other groups, the vast majority of resondents have Advisory Boards.

Advisory Boards ranged in size from a three person Board in Pictou County, Nova Scotia to an eighteen man Board in Paris, Ontario. Overall, the average size of Advisory Boards was about 9 persons with over half of the respondents (26 of 40) having Advisory Boards of ten persons or less. Only three systems had Advisory Boards in excess of fifteen persons, namely Medicine Hat, Hamilton and Paris.

In terms of the composition of Advisory Boards, representation varies significantly from municipality to municipality. Most representatives were appointed by Municipal Council or a Board of Directors, however some representatives were elected, others were appointed by the general manager or a social agency, and one municipality allowed users to nominate representatives to the Advisory Boards (Vancouver). In the vast majority of cases, Advisory Boards had no formal authority and were established only to advise, monitor and make recommendations to the appropriate administrative authority. Only 4 systems out of 40 were allowed to make minor policy decisions.

IV - REGISTRATION PROCEDURES

User Registration

As expected, the vast majority of respondents (see Figure 6) indicated that all users were required to register and of the seven respondents who did not require all users to register, six serviced communities of less than 100,000 population. The only community with over 100,000 population that did not require all users to register was St.John's where service is completely demand-responsive.

Generally, registration procedures are fairly standardized throughout the industry and almost all respondents indicated that a formal application form was required. As well, the majority of respondents required some sort of verification that the person was disabled from a social agency, family physician, public health nurse, physiotherapist, registered nurse, social worker, etc. Once the application has been submitted along with suitable verification the eligibility of the user for special service is usually referred to an eligibility committee. If a favourable decision is reached the user is then issued an identification card.

Significant variations to the above registration procedure can be found in Calgary and Kitchener-Waterloo where the application for service is made by phone. Eligibility and registration is determined on the basis of the information given by the user and drivers are responsible for reporting to

FIGURE 5

ADVISORY BOARDS

POPULATION GROUP	YES	NO	TOTAL
GROUP "A"	5	1	6
GROUP "B"	4	1	5
GROUP "C"	4	1	10
GROUP "D"	7	5	12
GROUP "E"	15	2	17
TOTAL	40	10	50
PERCENTAGE	80%	20%	100%

FIGURE 6

USER REGISTRATION

POPULATION GROUP	ALL USERS REQUIRED TO REGISTER		
	YES	NO	TOTAL
GROUP "A"	6	0	6
GROUP "B"	5	0	5
GROUP "C"	9	1	10
GROUP "D"	11	1	12
GROUP "E"	12	5	17
TOTAL	43	7	50
PERCENTAGE	86%	14%	100%

management users who do not appear to be sufficiently handicapped to warrant the specialized service. Such users are thoroughly investigated by management however this has been necessary very rarely.

In Toronto, TTC staff review applications and those obviously qualified for specialized services are accepted immediately. Only cases which are questionable are referred to an Eligibility Committee. If the Eligibility Committee is still in doubt, a visit by a public health nurse is arranged. In British Columbia, the Urban Transit Authority (UTA) is responsible for receiving and processing application forms, determining eligibility and issuing identification cards on behalf of all parallel services for the disabled in the province. Medical validation is only required for those applicants not already participating in provincial or Federal programs for the disabled.

Visitor Registration

The majority of systems (43 of 50) operating services for the disabled allowed visitors from other municpalities or provinces to use the service as required. Montreal, London, Montreal South Shore, Lethbridge, Sarnia, Sherbrooke and Melfort indicated that service was limited to residents of their municipality. However, Ontario and British Columbia operators of services for the disabled are now required to provide service for registered users from other municipalities within their respective provinces. (In B.C. users from other provinces must wait 30 days before being eligible for a temporary identification card).

V - USER ELIGIBILITY

Eligibility Criteria

As expected, various definitions are used to evaluate the eligibility of users for parallel services for the disabled. As shown in Figure 7, the most common definition is "Those unable to use regular transit due to disability". Some systems limit services to "Persons unable to use regular transit with dignity", while others limit use to persons whose "Mobility severely inhibits or prevents the use of regular transit". As well, a total of three systems use a rather lengthy definition which puts the emphasis on the need for special facilities or special planning or design for regular transit services.

Although the initial reaction is that most of these definitions are almost identical, a closer examination yields some subtle differences. For example, definition 3 puts the emphasis on mobility while definitions 2 and 4 state that disability is the main variable. As well, there is some variance concerning whether or not users are "unable to use regular transit" as in definitions 1 & 2, "severely inhibited or prevented" from using regular transit as in definition 3 or those "unable to use regular transit effectively" as in definition 4. Obviously, the above differences can lead to substantially different interpretations concerning the eligibility of users.

It is worth noting that systems in British Columbia use an extremely detailed set of criteria for users as shown in Figure 8. These criteria are used by doctors in evaluating whether or not patients experience difficulty in using regular transit services.

FIGURE 7

ELIGIBILITY CRITERIA

DEFINITION NUMBER	DEFINITION	NUMBER OF RESPONDENTS
1	UNABLE TO USE REGULAR TRANSIT DUE TO DISABILITY	31
2	UNABLE TO USE REGULAR TRANSIT WITH DIGNITY DUE TO DISABILITY	6
3	ANY PERSON WHOSE MOBILITY SEVERELY INHIBITS OR PRESENTS THE USE OF REGULAR TRANSIT	3
4	ANY INDIVIDUAL WHO BY REASON OF INJURY, CONGENITAL MALFUNCTION, OR OTHER PERMANENT OR TEMPORARY INCAPACITY OR DISABILITY, INLCUDING ANY PERSON WHO IS WHEELCHAIRBOUND OR HAS SEMI-AMBULATORY CAPABILITIES, IS UNABLE WITHOUT SPECIAL FACILITIES OR SPECIAL PLANNING OR DESIGN TO UTILIZE PUBLIC TRANSPORTATION FACILITIES AND SERVICES EFFECTIVELY.	3
5	NO ANSWER/ NO SPECIFIC CRITERIA	5

FIGURE 8

ELIGIBILITY CRITERIA - URBAN TRANSIT AUTHORITY OF B.C.

1) UNABLE TO WALK FROM HOME TO NEAREST BUS STOP

2) UNABLE TO WALK FOR MORE THAN 50 METRES

3) UNABLE TO STAND FOR MORE THAN 10 MINUTES WHEN WAITING FOR A BUS

4) UNABLE TO UNDERSTAND AND FOLLOW TRANSIT DIRECTIONS (DOES NOT INCLUDE FOREIGN LANGUAGE BARRIERS)

5) UNABLE TO BOARD/ALIGHT A PUBLIC TRANSIT VEHICLE

6) UNABLE TO GRASP COINS, TICKETS OR HANDLES

7) HAVE DIFFICULTY IN NEGOTIATING A FLIGHT OF STAIRS AND RAMPS

8) UNABLE TO STAND IN MOVING TRANSIT VEHICLE (ONLY WHEN PRIORITY SEATING FOR HANDICAPPED RIDERS IS UNAVAILABLE)

Service Restrictions

Epilepsy, sight and hearing restrictions vary widely and while most limit service to those who are physically as opposed to mentally disabled, there was no consensus concerning whether or not service should be limited to those permanently disabled as opposed to those temporarily disabled. In terms of service restrictions, only Red Deer, Alberta and Vernon, British Columbia indicated that service was available to mentally and physically handicapped users. Of those offering service to temporarily and permanently disabled persons, a number of respondents gave priority to those permanently disabled when space was limited.

V - SERVICE CHARACTERISTICS

User Mobility

As shown in Figure 9, the mobility of the users of parallel services for the disabled varies considerably with the size of the municipality served. The percentage of wheelchair users ranges from a low of 34.2% of all users in Group "D" to a high of 55.8% of all users in Group "C". Overall in Canada, over 44.7% of all users of handicapped services were confined to a wheelchair. This is significant as it indicates that parallel services for the disabled are effectively serving a portion of the population which previously could not use regular transit services.

Type of Service

All respondents to the questionnaire indicated that there were no service restrictions with regard to origins and destinations as long as the intended trip was within the given service area i.e. all systems were of the "many to many" type. One interesting variation from the standard "many to many" type system is in Saskatoon where some vehicles operate on a scheduled route with specific stops within a given zone. This "flexible zone" service does not require any advance booking or registration and has averaged over 4.0 trips per hour since being implemented in October 1981.

In direct contrast to the above is the fact that there appears to be little agreement within the industry concerning the pick-up and drop-off of users. Operator experience varies considerably as 8 of 50 respondents operate service on a curb to curb basis, 23 of 50 operate from door to door, and 19 of 50 provide service from accessible door to accessible door. As shown in Figure 10, Communities of 100 - 250,000 population (Group C) seem to prefer accessible door to accessible door service whereas 16 of 29 communities with less than 100,000 population (Groups "D" and "E") have a preference for door to door operation.

Of the 19 systems who operate service from accessible door to accessible door, 12 defined an accessible door as one which had less than three steps, one defined an accessible door as less than five steps and the remainder had flexible guidelines with no maximum number of steps.

Scheduling and Dispatching

All properties who responded to the questionnaire indicated that vehicles were scheduled and dispatched manually, i.e. no computer assisted scheduling and

FIGURE 9

MOBILITY OF USERS

POPULATION GROUP	PERCENTAGE WHO ARE WHEELCHAIR USERS	PERCENTAGE WHO ARE NON-WHEELCHAIR USERS
GROUP "A"	43.5	56.5
GROUP "B"	45.3	54.7
GROUP "C"	55.8	44.2
GROUP "D"	34.2	65.8
GROUP "E"	43.5	56.5
AVERAGE	44.7	55.3

FIGURE 10

TYPE OF SERVICE

POPULATION GROUP	CURB TO CURB	DOOR TO DOOR	ACCESSIBLE DOOR TO ACCESSIBLE DOOR	TOTAL
GROUP "A"	0	2	4	6
GROUP "B"	1	3	1	5
GROUP "C"	1	2	7	10
GROUP "D"	2	8	2	12
GROUP "E"	4	8	5	17
TOTAL	8	23	19	50
PERCENTAGE	16%	46%	38%	100%

dispatching currently exists in Canada for disabled services. Most respondents used a radio system to advise drivers of cancellations, changes in pick-up and drop-off locations, emergencies, etc. All those services who did not use a radio system were in communities of less than 100,000 population (Groups "D" and "E").

Hours of Service

As expected the hours of service also varied considerably from system to system with 25 of the 50 respondents having full seven day service, another seven respondents offered Monday-Saturday service and the remaining 18 respondents offered only weekday service. Fifteen of the 18 respondents having weekday service only were in communities of less than 100,000 population. Only one community over 250,000 population did not have full seven day service as Hamilton's D.A.R.T.S. system is available Monday-Friday only.

Trip Purpose

Unlike regular transit services where work trips commonly account for 50 - 60% of all trips made, the predominent type of trip taken by users of services for the disabled are medically oriented trips. As shown in Figure 11, medical trips are the most common in all population groups with the exception of communities with 100 - 250,000 population (Group "C") where work trips are the most common. Overall, medical trips account for 35.2% of all trips made, work trips 21.5%, recreation trips 20.3%, education oriented trips 13.1%, and other trips 9.9%. Note the low percentage of work related trips in Groups "D" and "E" and the correspondingly high percentage of recreation oriented trips. The majority of "other" trips were either shopping trips, social/entertainment oriented trips or trip purposes included in the other category but of an unspecified type.

Trip Priority

As shown in Figure 12, only 8 of 50 respondents (16%) did not have a trip priority reservation system. Further as shown in Figure 13, of the systems with trip priorities, 54.6% gave work related trips the highest priority, 31.8% gave medical trips the highest priority and the remaining 13.6% gave education oriented trips the highest ranking. No respondent gave recreation oriented trips the highest priority.

When these figures are compared to the previous totals for overall percentage of trips some interesting relationships become evident. For example, although 54.6% of all respondents having trip priorities gave work related trips highest ranking only 21.5% of all trips made by users are work related. Similarly while only 1 of the 5 municipalities in Group "B" gave medical trips the highest priority, 40% of all trips made by users in Group "B" were medically oriented trips.

Although these results are somewhat misleading due to the nature of the data, it is obvious that work related trips generally receive a higher priority than other trips despite the fact that medical and recreation trips account for an equal or higher percentage of the total number of trips made. This can be partially explained by the fact that the number of work related trips is severely constrained in many municipalities by the peak hour capacity of the service to handle the home to work trip.

FIGURE 11

TRIP PURPOSE

POPULATION GROUP	PERCENTAGE OF ALL TRIPS				
	WORK	MEDICAL	EDUCATION	RECREATION	OTHER
GROUP "A"	38.5	30.5	9.8	14.7	6.5
GROUP "B"	27.5	40.0	9.0	17.8	6.0
GROUP "C"	27.2	22.9	15.4	19.4	15.1
GROUP "D"	15.3	36.8	13.5	23.7	10.7
GROUP "E"	15.0	40.7	13.9	21.3	9.1
AVERAGE	21.5	35.2	13.1	20.3	9.9

FIGURE 12

TRIP PRIORITY

POPULATION GROUP	YES	NO	TOTAL
GROUP "A"	5	1	6
GROUP "B"	5	0	5
GROUP "C"	7	3	10
GROUP "D"	11	1	12
GROUP "E"	14	3	17
TOTAL	42	8	50
PERCENTAGE	84%	16%	100%

FIGURE 13

RANKING OF TRIP PRIORITIES

POPULATION GROUP	TRIP WITH HIGHEST PRIORITY					
	WORK	MEDICAL	EDUCATION	RECREATION	OTHER	TOTAL
GROUP "A"	4	1	0	0	0	5
GROUP "B"	4	1	0	0	0	5
GROUP "C"	3	2	2	0	0	7
GROUP "D"	7	3	2	0	0	12
GROUP "E"	6	7	2	0	0	15
TOTAL	24	14	6	0	0	44
PERCENTAGE	54.6%	31.8%	13.6%	0.0%	0.0%	100.0%

Ridership

Similiar to the situation that exists for trip purposes, disabled ridership in Canada, on a seasonal basis, does not closely parallel the ridership of regular transit systems. Of the 35 respondents who provided ridership statistics, nine indicated that ridership was lowest in January, six indicated August was lowest in ridership and five picked December as the lowest month. November was most commonly identified as the month with the highest ridership (16 of 35 respondents), four respondents indicated March was the most popular, while July, October and September were high ridership months for three respondents each. Overall, ridership in Canada for parallel services for the disabled totalled 2.2 million in 1981.

As shown in Figure 14, weekday ridership measured in trips per hour ranges from a low of 1.6 to a high of 2.6 in low ridership months and from 1.9 to 3.6 in high ridership months. Overall, communities in the 50 - 100,000 population group (Group "D") have the highest weekday productivity with communities over 500,000 (Group "A") having the lowest productivity. It is interesting to note that weekday ridership fluctuates by over 50% when comparing low and high ridership months and that on average, productivity is higher on Sundays rather than Saturdays in all population groups, with the exception of Group "A".

VII - WAGE RATES AND TRAINING

Degree of Unionization

As shown in Figure 15, while almost all operating and maintenance personnel for regular transit services are unionized, the majority of operators of services for the disabled were non-unionized (26 of 48) including 7 of 10 respondents in Group "C". However, this is not surprizing when the number of private operators for services for the disabled are considered. Of the 22 unionized operators, seven were represented by ATU, six were represented by CUPE, two were represented by CBRT-GW and the remainder were represented by a variety of other unions.

Wage Rates

As shown in Figure 16, the average wage for operators of services for the disabled was $8.02 per hour as of December 31, 1981 compared to $8.96 per hour for regular transit drivers. On average, unionized drivers are paid 16.7% more than non-unionized drivers. This is despite the fact that the top wage rate for unionized and non unionized operators is almost identical ($10.55 vs $10.50)

As expected, operators in Group "A" have the highest average wage while operators in Group "E" on average are the lowest paid. Wages for operators in Group "D" are higher in comparison to other population groups . This can be partially explained by the fact that 7 of 12 operators in Group "D" are unionized. The highest wage rate for drivers in each population group as of December 31, 1981 was as follows: Montreal ($10.55), Quebec City ($9.15), Saskatoon ($9.92), Prince George ($9.20) and Medicine Hat ($9.55).

It is important to note that no property that operates a regular transit service and a parallel service for the disabled pays a premium over and above the hourly rate paid to regular transit drivers. Obviously this is a situation which the transit industry should try and maintain. It is also interesting to note that in Sault Ste. Marie, drivers wage rates are $1.00 per hour less than regular transit drivers at the unions request.

FIGURE 14

TRIPS/HOUR

POPULATION GROUP	AVERAGE NUMBER OF TRIPS/HOUR					
	WEEKDAYS		SATURDAYS		SUNDAYS	
	LOW MONTH	HIGH MONTH	LOW MONTH	HIGH MONTH	LOW MONTH	HIGH MONTH
GROUP "A"	1.6	1.9	1.6	1.9	1.4	1.7
GROUP "B"	1.7	1.9	1.0	1.3	1.2	1.5
GROUP "C"	1.9	2.8	1.6	2.0	1.8	2.2
GROUP "D"	2.6	3.6	1.5	1.7	2.0	2.3
GROUP "E"	1.7	3.2	1.3	1.7	1.3	1.9
AVERAGE	1.97	2.98	1.46	1.77	1.59	1.96

FIGURE 15

UNIONIZATION

POPULATION GROUP	UNIONIZED			
	YES	NO	NO ANSWER	TOTAL
GROUP "A"	3	3	-	6
GROUP "B"	2	2	1	5
GROUP "C"	3	7	-	10
GROUP "D"	7	5	-	12
GROUP "E"	7	9	1	17
TOTAL	22	26	2	50
PERCENTAGE	44%	52%	4%	100%

FIGURE 16

BASIC WAGE RATES - 1981

POPULATION GROUP	LOW	HIGH	AVERAGE
GROUP "A"	$6.40	$10.55	9.43
GROUP "B"	6.50	9.15	7.67
GROUP "C"	5.75	9.92	7.89
GROUP "D"	6.24	9.20	8.28
GROUP "E"	4.87	9.55	7.51

UNIONIZED OPERATORS	$7.35	$10.55	$8.66
NON-UNIONIZED OPERATORS	$4.87	$10.50	$7.42
OVERALL AVERAGE			$8.02
REGULAR TRANSIT DRIVERS			$8.96

Driver Training

As shown in Figure 17, the vast majority of respondents (43 of 47) provide specialized training for driving personnel involved in the transportation of disabled persons. While there is no significant variation in the level of training provided by large and small properties, there are some significant variations in the type of training provided. As shown in Figure 18, generally a high level of training is provided with the exception of medical/first aid/emergency training. Only 26 of 42 respondents (61.9%) provide medical training as compared to over 80% in all other categories. This reflects the industries perception that transit for the handicapped is a transportation service providing mobility rather than a substitute for ambulances, etc.

VIII - FUNDING AND FARE STRUCTURES

Fare Structures

The fare structure in place for disabled services is radically different from regular transit services as evidenced by the fact that only six respondents had a complete fare structure for disabled users which was identical to the fares charged for regular transit riders. An additional 17 properties had equivalent Adult fares but provided no discount in their handicapped fare structure for students, children or senior citizens, 23 properties charged a premium for all users over and above that charged for regular transit riders and the remaining four properties had no regular transit system therefore no comparison was possible. Including in the latter group is one property which has no fixed fare structure-unsolicited donations are accepted from individual users each time they use the service.

As shown in Figure 19, the above fare structure policies have resulted in an average adult cash fare of $0.83 in comparison to an average adult cash fare for regular transit services of $0.53. Adult cash fares range from a high of $2.50 in St. John's to a low of $0.25 in Medicine Hat. A total of fifteen respondents sold tickets to users including 9 of 21 respondents in communities over 100,000 population. Only 7 of 50 respondents sold monthly passes for disabled users.

As shown in Figure 20, there is little agreement within the industry concerning whether or not attendants, should be charged a fare. Of those 24 respondents who charged a fare for attendants 23 charged the same fare paid by Adult users and one respondent charged less than the Adult fare for attendants.

Operating Cost

For the 1981 calendar year, services for the disabled in Canada cost $23.9 million to operate with the six largest properties accounting for over half of the above total. Due to the diversity of service levels, fare structures, wage rates and the operating environment of the various respondents, the cost per trip and cost per hour for disabled services varied considerably as shown in Figure 21. Overall on average, each trip by a disabled person costs $8.76 while each hour of services costs about $18.47. From a population perspective there appears to be a direct relationship between cost per trip and the population of the municipality served whereas no identifiable relationship exists for the cost per hour figures.

FIGURE 17

DRIVER TRAINING

POPULATION GROUP	DRIVER TRAINING PROVIDED		
	YES	NO	TOTAL
GROUP "A"	6	0	6
GROUP "B"	3	0	3
GROUP "C"	10	0	10
GROUP "D"	11	1	12
GROUP "E"	13	3	16
TOTAL	43	4	47
PERCENTAGE	91.5%	8.5%	100%

FIGURE 18

TYPE OF DRIVER TRAINING

POPULATION GROUP	TYPE OF TRAINING PROVIDED			
	MEDICAL	PASSENGER ASSISTANCE	DISABILITY AWARENESS	DEFENSIVE DRIVING
GROUP "A"	2 of 6	6 of 6	5 of 6	4 of 6
GROUP "B"	2 of 3	3 of 3	2 of 3	3 of 3
GROUP "C"	7 of 9	8 of 9	8 of 9	7 of 9
GROUP "D"	6 of 11	11 of 11	9 of 10	9 of 10
GROUP "E"	9 of 13	10 of 13	10 of 13	10 of 13
TOTAL	26 of 42	38 of 42	34 of 41	33 of 41
PERCENTAGE	61.9%	90.5%	82.9%	80.5%

FIGURE 19

ADULT CASH FARES - ONE WAY

POPULATION GROUP	LOW	HIGH	AVERAGE
GROUP "A"	60	$ 1.00	.77
GROUP "B"	70	1.05	.86
GROUP "C"	50	2.50	.97
GROUP "D"	50	1.00	.69
GROUP "E"	25	1.50	.88
AVERAGE			.83
REGULAR TRANSIT			.53

FIGURE 20

FEE FOR ATTENDANTS

POPULATION GROUP	YES	NO	NO ANSWER	TOTAL
GROUP "A"	3	3	0	6
GROUP "B"	4	1	0	5
GROUP "C"	5	5	0	10
GROUP "D"	7	5	0	12
GROUP "E"	5	11	1	17
TOTAL	24	25	1	50
PERCENTAGE	48%	50%	2%	100%

Funding Sources

As illustrated in Figure 22, only 10.7% of the total cost of disabled services in Canada is assumed by the user. On average, government subsidies account for 87.3% of the total operating cost. Obviously the level of provincial and municipal support varies from province to province thus explaining the large fluctuations in the percentage of the total cost contributed from these sources. Note the high percentage contribution from provincial sources in British Columbia, Nova Scotia and Quebec. The highest recovery rate from users is in the Province of Saskatchewan where users assume over 20.6% of the total operating cost. Contributions from service clubs and charity organizations towards the operating cost of services for the disabled is negligible.

IX - EQUIPMENT AND PERSONNEL

Vehicles in Service

As shown in Figure 23, almost half of the 498 vehicles used to provide service for disabled persons are modified vans. Vans are the most popular type of vehicle in all population groups except Group "C" where the majority of vehicles in service are small buses. Automobiles and modified school buses account for a minor percentage of the overall fleet of vehicles for the disabled although a large number of automobiles are used to provide service in communities over 250,000 population (Groups "A" and "B").

Personnel

As shown in Figure 24, almost 1,000 people were involved in providing services for the disabled in Canada in 1981. This includes 633 operators and only 58 supervisory and management personnel.

X - CONCLUSIONS

In conclusion, services for the disabled in Canada are operated under a variety of operating conditions reflecting the extreme diversity of the industry in terms of administrative arrangements, service criteria, definitions, operating procedures, subsidy policies and equipment. It is hoped that this report will assist municipalities in making informed decisions concerning parallel services for the disabled.

FIGURE 21

OPERATING COST

POPULATION GROUP	AVERAGE COST PER TRIP	AVERAGE COST PER HOUR
GROUP "A"	$ 11.84	$ 22.06
GROUP "B"	9.91	18.26
GROUP "C"	9.52	19.16
GROUP "D"	8.39	21.02
GROUP "E"	6.67	11.98
AVERAGE	8.76	18.47

FIGURE 22

FUNDING SOURCES BY PROVINCE

PROVINCE	PERCENTAGE OF TOTAL OPERATING COST FUNDED BY: FEDERAL	PROVINCIAL	MUNICIPAL	USERS	OTHER
ALBERTA	0.0	22.2	62.8	12.3	2.7
BRITISH COLUMBIA	0.0	73.0	18.7	8.3	0.0
MANITOBA	0.0	22.0	69.0	9.0	0.0
NEW BRUNSWICK	0.0	0.0	90.0	10.0	0.0
NEWFOUNDLAND	0.0	0.0	86.0	14.0	0.0
NOVA SCOTIA	0.0	92.5	0.0	7.5	0.0
ONTARIO	0.0	47.1	39.7	10.2	3.0
QUEBEC	0.0	75.0	20.8	4.2	0.0
SASKATCHEWAN	0.0	32.8	42.6	20.6	4.0
AVERAGE	0.0	47.0	40.3	10.7	2.0

FIGURE 23

VEHICLES IN SERVICE

POPULATION GROUP	TYPE OF VEHICLE				
	AUTOMOBILE	VAN	SMALL BUS	SCHOOL BUS	TOTAL
GROUP "A"	40	141	113	7	301
GROUP "B"	16	40	10	6	72
GROUP "C"	-	17	42	2	61
GROUP "D"	1	28	5	2	36
GROUP "E"	-	19	6	3	28
TOTAL	57	245	176	20	498
PERCENTAGE	11.5%	49.2%	35.3%	4.0%	100%

FIGURE 24

PERSONNEL

POSITION	NUMBER OF EMPLOYEES
Reservationists	33
Scheduler	44
Operators	633
Dispatchers	85
Supervisory Personnel	58
Other	73
TOTAL	926

APPENDIX

CANADIAN URBAN TRANSIT ASSOCIATION

ANNUAL RETURN

INFORMATION ON THE URBAN TRANSPORTATION

OF DISABLED PERSONS

The Canadian Urban Transit Association (CUTA) is establishing a clearing-house on data and information pertaining to the transportation of disabled persons. Your assistance in completing this questionnaire will allow us to complete our files regarding the transportation of disabled persons in your area.

The purpose of the clearing house is to develop a compendium of information for transit operators, institutions, service clubs and other organizations presently engaged in, or anticipating involvement with, the transportation of physically disabled persons in urban areas.

The information gathered from this questionnaire will be analyzed and a copy of the report will be forwarded to you when it has been finalized. In addition, this information will be helpful in the completion of several other CUTA projects which are currently under consideration. The details of these projects have not yet been finalized but may include the provision of a resource list of those persons or agencies knowledgeable in the field of handicapped transit and the development of a start-up manual that will assist operators in the implementation and operation of a transportation system for the disabled.

Your assistance in completing this questionnaire would be appreciated. Thank you in advance for your cooperation.

INSTRUCTIONS

1) Unless indicated otherwise, the information requested in this questionnaire is for the 12 month period ending December 31, 1981.

2) While it is recognized that some information may not be available, any information provided would be held in the strictest confidence and would be used in aggregate totals only.

3) Where detailed explanations and/or definitions are required, a copy of any relevant material or pertinent documentation would be appreciated.

4) This questionnaire should be completed by the agency/organization administering the handicapped service.

5) Please complete and return this questionnaire to CUTA by March 31, 1982.

ANNUAL RETURN

INFORMATION ON THE TRANSPORTATION

OF DISABLED PERSONS

SERVICE NAME: _____

COMMUNITY SERVED: _____

POPULATION: _____

NAME OF OPERATOR: _____

SERVICE HAS BEEN IN OPERATION SINCE: _____

Section 1 - Administrative Structure

1. Which agency administers the handicapped service? (Please check one)

Municipal Council	_____
Transit Commission	_____
Other (Please Specify) _____	_____

2. Who operates the handicapped service (Please check one)?

Municipal Department	_____
Transit Commission	_____
Private Contractor	
Name of Contractor _____	_____
Service Club	
Name of Club _____	_____
Other (Specify) _____	_____

3. Is there an Advisory Board to advise on matters relating to the transportation of the handicapped? Yes_____ No_____

If yes; a) Number of members on the Advisory Board: _____

b) Representation (make-up) of Advisory Board _____

c) Selection process of Board members (if any) _____

d) Mandate of the Board (explain) _____

4. Is passenger information provided? Yes___ No___

   If Yes, please include relevant documents.

Section II - Eligibility and User Criteria

5. Please state the eligibility criteria for users (attach relevant documents if necessary).

_____
_____
_____
_____
_____

6. Are all users required to register? Yes___No_____

   If Yes, please state the number of;

   Wheelchair passengers registered _____
   Non-wheelchair passengers registered _____
   Total registrants _____

7. Please describe the registration procedure for users. If available, include samples of registration or application forms, membership cards, etc.

_____
_____
_____
_____
_____
_____

8. Are visitors from other municipalities or provinces eligible to use the service?

   Yes_____ No _____

   If Yes, is the registration procedure the same as described above?

_____
_____
_____
_____
_____

Section III - Service Characteristics

9. Please describe the type of system operated with specific reference to origin and destination restrictions (eg. many origins to many destinations, many origins to few destinations, etc.) Please attach relevant documents if necessary.

_____
_____
_____
_____
_____
_____
_____

10. Does the system operate:
    a) curb to curb
    b) door to door
    c) accessible door to accessible door _____

    If c) please describe your definition of "accessible door"

    _____
    _____
    _____
    _____

11. For what purposes do individuals use the service?

Work	_____	% of users
Medical	_____	% of users
Education	_____	% of users
Recreation	_____	% of users
Other (specify)_____	_____	% of users
_____	_____	% of users
_____	_____	% of users

12. Do any trip purposes have priority over others?
    Yes_____No_____

    If yes, please list in order of priority.

    _____
    _____
    _____
    _____
    _____

13. Please describe the hours of service;

Weekdays _____ to _____
Saturdays _____ to _____
Sundays and Holidays _____ to _____

14. Please indicate the number of vehicles in revenue service;

Weekday (off-peak)_____
Weekday (peak)_____
Saturdays_____
Sundays and Holidays_____

15. What was the total ridership for the 1981 calendar year?

_____

16.a) Using the lowest monthly ridership for the 1981 calendar year how many one way passenger trips on a typical or average;

Weekday _____
Saturday_____
Sunday _____

Specify Month_____

b) Using the highest monthly ridership for the 1981 calendar year, how many one way passenger trips on a typical or average;

Weekday_____
Saturday_____
Sunday_____

Specify Month_____

17.a) Using the lowest monthly ridership, how many one way passenger trips per hour on a typical or average;

Weekday _____
Saturday_____
Sunday _____

b) Using the highest monthly ridership, how many one way passenger trips per hour on a typical or average;

Weekday _____
Saturday_____
Sunday _____

Section IV - Scheduling and Dispatching

18. Are vehicles scheduled and dispatched manually? Yes____ No_____

19. Are vehicles scheduled and dispatched with the assistance of a computer? Yes_____ No_____

    If yes, please describe the system used (attach relevant material if necessary).

    _____
    _____
    _____
    _____
    _____

20. Is a radio system utilized? Yes_____ No____

    If yes, briefly <u>how</u> is it used.

    _____
    _____
    _____
    _____
    _____

Section V - Personnel

21. Please indicate the number of personnel as of December 31, 1981.

Reservationists	_____
Scheduler	_____
Drivers	_____
Dispatchers	_____
Supervisors	_____
Others (Specify)_____	_____
Total:	_____

22. Are the drivers unionized? Yes ____ No____

    If yes, which; Union_____ Local_____

23. Please state the top hourly wage rate for drivers as of Dec. 31, 1981_____

24. If the service is <u>operated</u> by a transit system or Commission, does the <u>above</u> top rate represent a premium over and above that paid for regular transit drivers? Yes_____ No_____

    If yes, please state premium;_____

25. Is driver training provided for operators? Yes___ No___
If Yes, does the training program include training in the following areas?

	Yes	No
Medical/First Aid/Emergency	___	___
Passenger Assistance	___	___
Disability Awareness	___	___
Defensive Driving	___	___
Other (specify)_____	___	___
_____	___	___

26. Are volunteers used? Yes____ No____
If Yes, in what capacity _____

Section VI - Funding and Fare Structures

27. What are the current one way fares?

Fare Category	Cash	Tickets	Pass	Other (specify)
Adult				
Student				
Child				
Senior				

Additional Details:_____

28. If a transit service is provided in the municipality in which the handicapped service operates, are the above fares identical to those charged on the regular transit system? Yes____No_____
If No, please state fares charged on regular transit.

Fare Category	Cash	Tickets	Pass	Other (specify)
Adult				
Student				
Child				
Senior				

Additional Details:_____

29. Is there a fee for an attendent?
Yes____ No____

If Yes, what is the fare charged_____
_____
_____
_____
_____
_____

30.a) What is the annual budget or total gross operating cost excluding debt service charges for the disabled service?_____

b) Total debt service charges not included in above?_____

c) Period covered (Calendar or Fiscal Year)?_____

d) What is the per passenger trip cost for the above time period?
_____

e) What is the cost per vehicle hour for the above time period?_____

Additional Details_____
_____
_____
_____

31. What share of the annual expenditure is funded by:

The Municipality(or Transit Commission)	____%
The Provincial Government	____%
The Federal Government	____%
Service Club	____%
Charitable donations	____%
User	____%
Other (specify) _____	____%

Section VII - Equipment and Vehicle Specifications

32. Using the attached lists, please state the number and type of vehicles owned and/or leased as of December 31, 1981.

Section VIII - General Information

33. Please state any information not requested in this questionnaire which could benefit other operators of services for the handicapped.

_____
_____
_____
_____
_____
_____
_____

Questionnaire completed by:

Name:_____
Address:_____
Title:_____
Department:_____
Telephone:_____

Thank You for your participation and assistance.

Please return completed questionnaire to:

C. Wheeler
Analyst/Statistician
Canadian Urban Transit Association
234 Eglinton Avenue East
Suite 301
Toronto, Ontario
M4P 1K5

Tel (416) 481-3300

EQUIPMENT LIST

Number of Vehicles	Year of Manufacture	Name of Manufacturer	Model Number	Type of Vehicle	Type of Fuel	Seating Capacity	
						Ambulatory	Wheelchairs

VEHICLE SPECIFICATIONS

Type of Lift	Lift Manufacturer	Type of Tie Down System (Describe)	Direction Passenger Faces	Method of Passenger Entry (Side Door, Rear Door or Both)